



**Nevada Adult Education**  
755 North Roop St, Suite 201  
Carson City, NV 89701  
Ph: (775) 687-7294  
Fax: (775) 687-8636  
<http://www.doe.nv.gov>

## GED Transcript Request Form

### PLEASE PRINT ALL INFORMATION:

Examinee Name (Last, First, Middle Initial or Maiden Name):

Name you tested under if different from above:

Social Security Number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (Month, Day, Year):

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Date you received your GED (approximately):

Testing Location (City / County / Job Corps / Military Location):

Current Address (Street / PO Box # / Apartment):

City / State / Zip Code:

Daytime Phone Number:

\_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

### Please complete the following if the transcript is to be mailed to a different address:

ATTENTION: (Name)

Address (Street / PO Box # / Apartment):

City / State / Zip Code:

Daytime Phone Number:

\_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

### Please complete the following if the transcript is to be faxed:

ATTENTION: (Name)

FAX Phone Number:

\_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

### Application must be signed by Examinee.

Signature of Applicant/Examinee:

Date:

Mail To:

**Nevada GED Office**  
755 North Roop Street, Suite 201  
Carson City, NV 89701

Or FAX To:

**775-687-8636**  
Attn: GED Records Custodian